New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #							
	SECTION I: Parties and Term of Contracts						
1	Public Employer: Township of Manalapan	County: Monmouth					
2	Employee Organization: PBA Local 229	Number of Employees in Unit: 41					
3	Base Year Contract Term: 1/1/2012 - 12/31/2015						
4	New Contract Term: 1/1/2016 - 12/31/2019						
	SECTION II: Type of Contract Settlement (pleas	se check only one)					
5	Contract settled without neutral assistance	, ,					
6	Contract settled with assistance of mediator						
7	Contract settled with assistance of fact-finder						
8	Contract settled in Interest Arbitration						
9	If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes No						
	SECTION III: Base Salary Calculation						
	The "base year" refers to the final year of the expiring or	, -					
N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary means the salary provided pursuant to a or table and any amount provided pursuant to a salary increment, including any amount for longevity or leng It shall also include any other item agreed to by the parties, or any other item that was included in the base s understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, per health and medical insurance costs."							
10	Salary Costs in base year	3,983,165					
10	Salary Costs III base year	167,009					
11	Longevity Costs in base year	\$107,009					
12	Other base year salary costs						
	Education Incentive \$ 28,000						
	Clothing Allowance \$ 41,000						
	Medical Waiver \$ 33,047						
	\$						
	Sum of "Other" Costs Listed in Line 12.	\$ <mark>102,047</mark>					
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 4,252,221					

Employer: Township of Manalapan		Employ	Employee Organization		PBA Local 229		Page 2	
14	SECTION IV: Increase Total Base Salary Cost fro		Cost (for each year of New CNA) \$\frac{4,252,221}{}					
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
15	Effective Date (month/day/year)	1/1/2016	1/1/2017	1/1/2018	1/1/2019		:	
16	Cost of Salary Increments (\$)	-74,865	181,590	165,800	176,498			1
17	Salary Increase Above Increments (\$)	0	0	0	0	alla, Aleganosida e la colonida del Residente del Resident	The shade and sh	-
18	Longevity Increase (\$)	-37,282	23,660	26,857	20,025			
19	Total Increased Cost for "Other" Items (\$)	-25,636	589	0	0			
20	Total Increase (\$) (sum of lines 16-19)	-137,783	205,839	192,657	196,523			
	SECTION V: Average I	ncrease Over	r Term of Nev	w CNA				
21	Dollar Increase Over Life of Contract \$\frac{457,236}{}\$ [Take sum of all amounts listed on Line 20 above]						ne 20 above]	
22	Percentage Increase Over Life of Contract 10.75 % [Divide amount on Line 21 by amount on Line 14]					nt on Line 14]		

22

2.69 Average Percentage Increase Per Year _____% [Divide percentage on Line 22 by number of years of 23 the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	ltem Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	College Incentive	28,000	-22,000	0	0	0		
	Clothing Allowance	41,000	0	0	0	0		
	Medical Waiver	33,047	-3,636	589	0	0		
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25	Totals (\$):	102,047	-25,636	589	0	0		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 607,300	\$ 650,369
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 66,225	\$ 67,546
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 673,525	\$\\\717,915

Page 3 of 4 (complete all pages)

Employer: Township of Manalapan		Employee Organization: PBA Local 229	Page 4
SECT	ION VII: Medical Costs (continued)		
31	Employee Insurance Contributions	\$ 195,226 \$ 195,515	
32	Contributions as % of Total Insurance Cost	28.99 _% 27.23 _%	
33	Identify any insurance changes that were	re included in this CNA.	
	SECTION VIII: Certification and Signatu	ure	
34	The undersigned certifies that the foreg		
	F		
	Print Name: Tara L. Lovrich		
	Position/Title: Township Administrator		
	Signature: Tana L. Lou	nicl	
	Date: 10 - 06 - 17		
		· · · · · · · · · · · · · · · · · · ·	
	Send this completed and signed form a certification form to: contracts@perc.	along with an electronic copy of the contract and the s .state.nj.us	igned
	NJ Public Employment Relations Comm	nission	
	Conciliation and Arbitration		

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016